

MDR Tracking Number: M5-04-1995-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 3-4-04.

In accordance with Rule 133.307 (d), requests for medical dispute resolution are considered timely if it is filed with the division no later than one (1) year after the date(s) of service in dispute. The Commission received the medical dispute resolution request on 03-04-04, therefore the following date(s) of service are not timely and not eligible for review: 03-03-03.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the office visits, therapeutic exercises, myofascial release, joint mobilization, and neuromuscular reeducation from 3-5-03 through 5-7-03 was not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service 3-5-03 through 5-7-03 are denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 23rd day of July 2004.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division

DA/da

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

July 14, 2004

Re: IRO Case # M5-04-1995

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Orthopedic Surgery and specializes in the lower extremities, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

Medical Information Reviewed

1. Table of disputed service 12/30/02 – 10/13/03
2. Explanation of benefits
3. Initial medical report 2/8/01
4. X-ray and MRI report right ankle 2/16/01
5. D.C. progress report 4/9/01
6. M.D. orthopedic clinic note 4/12/01
7. Operative report 5/14/01
8. Post operative clinic visit M.D. notes 5/17/01 – 1/23/02
9. Rehab notes
10. Work capacity evaluation 2/1/02
11. Work hardening assessment 2/7/02
12. Pain management consultation 2/26/02
13. DDE report 2/21/02, 7/10/02
14. Orthopedic evaluation 4/27/02
15. DPM initial consultation report 8/8/02
16. Operative report by DPM12/6/02

17. DPM clinic notes
18. Letters of dispute
19. IME report 5/26/03

History

The patient is a 53-year-old male who injured his right foot and ankle in _____. At the time of his injury he was lifting a heavy steel beam when his foot gave way, and he twisted his right ankle and foot. He was initially evaluated on 2/8/01. The patient was referred for outpatient physical therapy and rehabilitation of the injured right foot. An x-ray and MRI of the right ankle were obtained on 2/16/01. The x-ray demonstrated evidence of an astcochondral lesion of the anteriomedial talar dome, changes consistent with avascular necrosis of the medial talar dome, and changes consistent with moderate degenerative arthritis of the ankle and subtalar joints. The MRI of the right ankle demonstrated an ankle effusion with similar findings of AVN, degenerative changes, tendinosis, tenosynovitis, and chronic sinus tarsi syndrome. The patient was evaluated by an orthopedic surgeon on 4/15/01 and was diagnosed with a crush injury to the right ankle with evidence of avascular necrosis of the talar dome, anterior ankle impingement, and chondromalacia. On 5/14/01 the patient underwent right ankle arthroscopy with chondroplasty, debridement of anterior osteophytes and anterior soft tissue causing impingement. The patient underwent follow ups with his surgeon over the next seven months, and underwent post operative physical therapy as prescribed by his surgeon over the next six months. The patient continued to complain of chronic ankle pain. The patient underwent synvisc injections in the right ankle to try to alleviate the symptoms from severe chondromalacia or post-traumatic arthritis of the right ankle. The patient was then referred to a pain management specialist. Another orthopedic evaluation was obtained on 4/27/02, and the patient was diagnosed with degenerative joint disease secondary to the work injury. The recommendation was to continue therapy, and a prescription for a custom orthosis was provided. The patient was found to not be at MMI on 7/10/02, and he was referred to a podiatrist. On 12/6/02 the podiatrist performed right ankle arthroscopy with debridement of tibial spur, limited synovectomy, excision of osteochondral lesion, and sinus tarsi decompression. Five days later the patient underwent a designated doctor examination and continued rehabilitation was recommended, with a projected MMI at four months after surgery. The patient underwent continued follow up visits with the podiatrist. He also underwent rehabilitation over the next five months. On 4/23/03 an IME report stated that the patient was at MMI, with an impairment evaluation of 11%. The impairment rating was disputed.

Requested Service(s)

Office visits, therapeutic exercises, myofascial release, joint mobilization, neuromuscular re education 3/5/03 – 5/7/03

Decision

I agree with the carrier's decision to deny the requested services.

Rationale

The patient was injured on _____. The injury reportedly resulted in the development of an osteochondral lesion of the ankle joint, avascular necrosis of the talar dome, and degenerative arthritis. The patient underwent extensive physical therapeutic treatments over a two-year period. The patient continued to experience chronic right ankle pain associated with the degenerative condition of his ankle despite these therapeutic evaluations and treatments. The patient underwent arthroscopic surgery of his right ankle on 12/6/02. After ankle arthroscopic surgery, three months of physical therapy is more than adequate to complete a rehab program. By this time the patient should have been able to progress to a home exercise program. In addition, the patient had not responded well to the treatment, and he continued to suffer from chronic ankle pain, indicating that treatment was not effective. According to the independent medical examiner, the patient was at MMI in February 2003. Based on the records provided for this review, the evaluations and therapeutic treatment received from 3/5/03 – 5/7/03 were medically unnecessary.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.